

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila
District of _____
Town of Mesa
or _____
City of Mesa
No. 71 Pomeroy Way
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
State Index No. 154
County Registrar No. 80
Local Registrar No. 35
St. _____ Ward _____
2. Full name of child William Robert
3. Sex of Child Male
To be answered ONLY in event of plural births.
4. Twin, triplet or other. _____
5. Legitimate? yes
6. Date of birth Jan 5-25
Month day year

FATHER		MOTHER	
8. Full name	<u>Wm. Robert</u>	14. Full maiden name	<u>Luana Pear</u>
9. Residence (Usual place of abode)	<u>71 Pomeroy Way</u>	15. Residence (Usual place of abode)	<u>71 Pomeroy Way</u>
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race	<u>Mexican</u>	16. Color or race	<u>Mexican</u>
11. Age at last birthday <u>30</u> (Years)		17. Age at last birthday <u>27</u> (Years)	
12. Birthplace (city or place)	<u>Esacaton Mex.</u>	18. Birthplace (city or place)	<u>Esacaton</u>
(State or country)	<u>Mexico</u>	(State or country)	<u>Mexico</u>
13. Occupation	<u>Miner</u>	19. Occupation	<u>House Wife</u>
Nature of industry		Nature of industry	

20. Number of children of this mother
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 7
(b) Born alive but now dead _____
(c) Stillborn _____
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5:30 p.m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature Don Cortez
Physician or midwife)

Given name added from a supplemental report _____
Month, day, year.

Registrar.

Filed Feb 1 1925 Nelson O. Brighton
Local Registrar
Filed 3/9 1925 G. E. W. Wright
County Registrar

192-105-142